Kentucky Department for Environmental Protection Division of Waste Management Underground Storage Tank Branch 300 Sower Boulevard – Frankfort KY 40601 (502) 564-5981 FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SPACE

DRAFT

UST Certification of Properly Cleaned USTs

Date Form Completed	1 1				
1. UST Facility Information					
Agency Interest Number (AI)					
UST Facility Name					
UST Facility Physical Address	Street Address:				
	City:	County:	Zip C	Code: -	
2. UST System Owner Information					
UST System Owner Name					
UST System Owner Mailing Address	Street Address:				
	City:	State:	Zip C	Code: -	
UST System Owner Contact Information	Phone: () -	Alternate Phone: ()	-		
	Email:				
3. Certification					
Number of USTs Removed			Removal Date	<i> </i>	
☐ Check here if the person completing the form is the same as the operator named in the owner or operator certification below.					
Name of Person Completing Form					
Email		Phone Number () -			
I, the undersigned, under penalty of law, hereby certify that the UST(s) removed from the site and date referenced had all liquids and accumulated sludge removed using commonly employed practices and that the UST(s) has been properly cleaned. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.					
Owner or Operator Certification	Printed		Title		
	Signature		Date	/ /	
SFMO¹ Certified Remover Certification	Printed		License #		
	Signature		Date	1 1	
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email DEP.KORA@ky.gov .					

¹ SFMO – State Fire Marshal's Office